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For those of you who have provided us with your email address you can look forward to receiving future editions of the *Residency Alumni Association News* by email. If we don't have your email address, please send it to us at psychiatryalumni@mclean.harvard.edu.



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RESIDENCY ALUMNI ASSOCIATION NEWS

A T M C L E A N H O S P I T A L



Bruce M. Cohen, MD, PhD '78 and
Michael J. Murphy, MD '98

WELCOME TO THE FIRST NEWSLETTER OF THE MCLEAN ALUMNI ASSOCIATION

Under the direction of Bruce M. Cohen, MD, PhD, president and psychiatrist in chief of McLean Hospital, I began to form an alumni association for people who had conducted all or some of their psychiatry residency training at McLean. We combed through old residency training documents and assembled a database of alumni that now numbers 600+ and includes 40+ years of graduates. One of the top requests by alumni in a survey we sent last winter, was the production of a newsletter. In response to this request, I gathered a group of alumni to plan and write the content of the newsletter. The group met over lunch in the de Marneffe Building many times and worked hard to produce this newsletter. The following members of this group are to be acknowledged: Alec Bodkin, MD '89, Eliza Menninger, MD '91, Srinivasan Pillay, MD '99, Brent Forester, MD '96, Christopher Palmer, MD '99, and Richard Schwartz, MD '78.

We hope to continue to publish the newsletter periodically and will likely issue future editions electronically. We would like to extend a very special thanks to Cecelia O'Neal, operations director for Network Development, and Mark Robart, LICSW, director of Partial and Residential Services, for their efforts in organizing the creation of the resident alumni database and planning of alumni events.

We look forward to welcoming you at the China Grill on Tuesday, May 4, 5:30 to 7:30 pm, during the annual meeting of the American Psychiatric Association in New York City!

Michael J. Murphy, MD '98

IN THIS ISSUE:

Selegiline as a transdermal
MAOI antidepressant

"New" developments
in psychotherapy

History of residency training
at McLean

RESIDENCY TRAINING AT MCLEAN HOSPITAL: A STATE OF THE STATE

Michael J. Murphy, MD

The McLean Hospital Adult Psychiatry Residency Training Program merged with the Massachusetts General Hospital (MGH) Program in 1996 and accepted its first combined PGY II class in July 1997. There are currently 16 highly coveted residency positions in the combined program. Kathy Sanders, MD, who was associate training director during the first few years of the combined program, is now training director. Dr. Sanders spends a portion of her time at McLean and a portion of her time at MGH as all residents do. All residents are required to do a rotation at McLean in the Psychotic Disorders Unit.

They have a choice of a "selective" rotation on the inpatient Geriatric Unit, the Dissociative Disorders Unit or the Alcohol and Drug Use Unit. At MGH, residents also rotate on the Blake 11 inpatient unit (a general psychiatric unit with the ability to simultaneously handle acute medical care) and the Acute Psychiatry Service. As PGY III's, residents concentrate on outpatient care at either McLean or MGH and they do a consultation-liaison rotation at MGH. The fourth year is purposely left flexible: Many residents are selected to be chiefs of various services, while many also participate in research.



Alec Bodkin, MD
Director, Clinical Psychopharmacology
Research Program

PSYCHOPHARMACOLOGY DEPARTMENT

There has been so much original thought in psychopharmacology at McLean Hospital over the year, it seems obligatory that our alumni newsletter include a psychopharmacology column. This column will serve several functions:

1. Alums and current staff will be recruited to present interesting scientific work they are involved in, and/or issues relating to psychopharmacology they want to address to their most elite colleagues.
2. Readers who encounter interesting problems or questions or insights in their clinical activities are invited to submit them (to abodkin@mclean.harvard.edu), and I will try to address them with the help of colleagues present and past.
3. From time to time, I will explore some issue or other in psychopharmacology that merits comment, and for which this newsletter seems an appropriate venue.

For this first column, I will briefly review the ongoing development of a transdermal MAOI antidepressant. Selegiline was the first drug to be explored in this way. At high doses orally (up to 60 mg) it is a very well-tolerated, energizing antidepressant (see the 1994 study of elderly treatment refractory-depressives by our own Trey Sunderland in the Archives), but requires the usual dietary restrictions, which relegates it to about a 10th line antidepressant — along with the other MAOIs. Although they work better than anything else for a wide swath of the depressive patient population, they account as a group for only about 1 percent of antidepressant prescriptions in the US.

Selegiline is much more widely prescribed in the US in very low (up to 10 mg), MAO-B selective doses as an antiparkinsonian. It has psychotropic properties at low dosage, but they are subtle and mainly relevant to the sluggish and apathetic dopamine-receptor-blocked chronic schizophrenic.

A small firm in Tampa called Somerset Pharmaceuticals has sponsored a series of trials, most of them involving my group at McLean, in which high, non-selective doses of selegiline have been administered via a transdermal patch. This preparation has been shown to have antidepressant effects acutely and chronically, and no significant toxicity. Several small studies have demonstrated that there is no meaningful increase in tyramine sensitivity in patients treated with the patch. Thus, patients can be MAO-inhibited and eat normally with no concern about hypertensive crises, if they get their selegiline through the skin rather than the gut. This is probably because, without direct exposure to the pill, the gut doesn't see high-enough concentrations of drug to inhibit enough of its MAO-A to make any practical difference in tyramine metabolism; while the brain, which is much better perfused, is fully MAO-inhibited by this preparation.

The patch is now before the FDA and several other nations' regulatory agencies, and we may have this drug available fairly soon. An easily tolerated MAO inhibitor will require that we begin to carefully assess when to administer a 5HT uptake inhibitor or bupropion first, and when an MAOI might be a better initial bet. One charming thing about the patch is that occasionally a treatment response is quite detectable in hours, which we virtually never get to see with uptake inhibitors.

THAT PESKY DODO BIRD

In my mind, the most intriguing “new” development in psychotherapy is the remarkable persistence of an old idea: the Dodo Bird Verdict. The hypothesis was proposed in a 1936 paper by Saul Rosenzweig, a psychiatrist at Worcester State Hospital. Practicing alongside colleagues whose approaches to psychotherapy reflected a troubling divergence of theoretical and technical principles, Rosenzweig noticed that everyone seemed to be equally helpful to patients. Let me underline the word helpful. Rosenzweig was not suggesting that psychotherapy was ineffective. Accurately anticipating a half-century of methodologically more sophisticated outcome research, he concluded that psychotherapy as a broad enterprise was effective, but that (across a very wide range) a clinician’s particular theory of psychotherapy was not critical to the effect. Rosenzweig quoted the Dodo Bird in *Alice in Wonderland*, who proclaims, “All have won and all must have prizes.” The Dodo Bird Verdict was born.

Since then, legions of researchers, theoreticians and clinicians have tried to kill the dodo. The hypothesis gets on just about everyone’s nerves. Clinicians who have devoted their careers to learning and practicing a particular school of psychotherapy don’t like it. Researchers who wish to make psychotherapy more scientific and “evidenced-based” find it embarrassing (even though it is an “evidenced-based” conclusion). On the positive side, dodo bird sightings have spawned an impressive body of research documenting the importance of “non-specific factors” common to all psychotherapies. Residents often ask, “Then why not develop and teach an approach to psychotherapy based on those non-specific factors?” The answer, of course, is that, whenever it’s done, the approach immediately becomes just another school of psychotherapy. The very specific idiosyncrasies of therapists also complicate the picture. Even when therapy is manualized and clinicians are carefully trained and observed to make sure they follow the manual, particular therapists consistently get better results than others.

Last year, an entire issue of *Clinical Psychology: Science and Practice* was devoted to the current status of the Dodo Bird Verdict. Even when discussants declared the verdict currently alive and well, most shared the hope that further research *must* move us beyond it. I certainly expected that, by now, a column about recent developments in psychotherapy could comfortably focus on specific prescriptive links between a particular diagnosis and a particular psychotherapeutic approach. And for a while, it looked like that’s just where we were headed.

For the last decade, the best hope for moving beyond the verdict has rested with cognitive behavioral therapy, a school of psychotherapy more comfortably at home in the world of empirically testable hypotheses than many others. Differential efficacy of specific CBT approaches in the treatment of panic disorder, OCD and depression seemed to be emerging from the research literature, just the way it was supposed to. And then, in May, a review article on CBT for depression appeared in the *Journal of the American Psychiatric Association* (Parker, Roy, and Eysers).



Richard Schwartz, MD
Director of Training in Ambulatory Services

Here is part of the summary:

We offer two possible conclusions about the true status of cognitive behavior therapy as a primary treatment for depression. First, cognitive behavior therapy is of equivalent efficacy and utility as other psychotherapies or basic clinical management but it has a higher cachet because of extensive scientific evaluation and its credibility to patients and practitioners as a rational and logical approach.

We may have a dodo bird sighting in territory where it was recently declared extinct! There’s something phoenix-like about the dodo. Not that the review’s authors welcome it. Their “second possible conclusion” is that the right kind of research in the future will yet define specific benefits of CBT (and other treatments) across the heterogeneous category of depression. They are confident that this conclusion is the right one. In principle, so am I. But that glorious future keeps receding into the distance. In the meantime, I have developed an affection for the old bird and for the difficulty of making psychotherapy as technically efficient and clear as I should want it to be.

IN THE BEGINNING... RESIDENCY TRAINING AND MEDICAL STUDENT EDUCATION AT MCLEAN HOSPITAL

Terry Bragg and Srinivasan S. Pillay, MD

Residency training and medical student education have been a longstanding tradition at McLean Hospital. The origins of this tradition are obscure since precise documentation is unavailable. However, records indicate that in 1880, Edward Cowles, MD, was authorized to nominate two medical interns for the Asylum, to serve without pay and under similar rules attached to house pupils at the General Hospital. He was also to engage a trained apothecary in place of the present medical student.

The first medical intern was Royal Whitman, who served from 1880 to 1882, and in October 1884, Dr. Cowles was given permission to take fourth-year Harvard Medical School students (as many as he deemed expedient) on his visits to the wards of the Asylum.

In 1897, the title of "interns of the McLean Hospital" was changed to "junior assistants," as recommended by Dr. Cowles. Prior to 1890, Cleon Hibbard, MD, and Joseph Capps, MD, both medical interns from Harvard Medical School, performed early research on "body metabolism" following a program on neuropathology pioneered by William Noyes, MD and extended by August Hoch, MD.

From 1905 to 1907, Gilbert Van Tassel Hamilton, MD worked as a junior assistant physician at McLean and published with Shepard Ivory Franz, MD.

The first recorded resident physician is Alfred Ludwig, MD, September 1, 1936, through February 28, 1937, but it is unclear whether this person was really a resident because he received an annual salary of \$1,500, which was much higher than that of a junior physician's (\$900). In 1938 there are two recorded "resident physicians," Joseph Michael, MD, and Otto L. Bendheim, MD (but they were only at McLean for two to three months), at no salary but full maintenance (room and board). The first female junior physician was Beatrice Kershaw, MD, (October 1, 1938 through January 31, 1940 and then October 1, 1940 through December 1, 1941). Junior physicians' annual salaries ranged from \$600 to \$900. Before World War II, the last recorded resident physician was Phillip Gates, MD (August 1, 1941 - August 8, 1942) when he enlisted in the War effort (while at McLean he earned \$900 annually with maintenance). World War II would have caused such a manpower shortage as to end residency training until 1944 or 1945. After World War II, there was an occasional junior assistant or a student assistant, and more frequently, a junior physician.



Officers of the McLean Asylum, Somerville, MA, 1890. Standing: Dr. Locke, Dr. Babcock, Mr. Willis, Mr. Braddury, Dr. Tuttle, Dr. Cowles. Miss Gilbery, Miss Woodward. Dr. Noyes, Dr. Huddleston, Dr. Fuller.

Some more famous junior physicians at McLean were Paul Howard, MD, and Elvin Semrad, MD. Some more well-known residents were Frederic H. Packard, MD, who became a McLean superintendent; Van Tassel Hamilton, MD, who worked with Shepard Ivory Franz, MD, in the experimental psychology research laboratory and may have also worked in primate research at McLean, and Earl D. Bond, MD, (Tom Bond's grandfather) who also trained here. There are records of junior assistants up to World War II.

In 1944, Harry Solomon, MD, professor of psychiatry at Harvard Medical School, invited the staff at McLean Hospital to assist in the teaching of students in an arrangement where four senior medical students would be assigned to duty every four weeks at the hospital, where they were furnished full maintenance. This was followed in 1946 by the appointment of Frederic Wyatt, MD, staff psychologist at Harvard University, who was authorized to supervise a newly formed course in clinical psychology at the hospital.

The training program for residents has now been greatly expanded and organized since 1956 under A.H. Stanton, MD, and since then, has had numerous iterations in its objectives. The program became known for fostering independent thinkers who were well-grounded in the biological and psychosocial aspects of psychiatry.

WELCOME TO ALUMNI NOTES

Where You Can Find Out the Latest on Your Classmates

Brent Forester (1996) and Eliza Menninger (1991) are the coordinators of *Alumni Notes*, which will be published in each newsletter. Updates may be emailed to forestb@mcleanpo.mclean.org or mennine@mcleanpo.mclean.org.

1964

Bill Goodson, MD, recently published *The Bossuet Conspiracy*, a suspense novel featuring a psychiatrist as a primary character. It can be accessed at www.iUniverse.com and can also be purchased at amazon.com or barnesandnoble.com.

1967

Robert C. Marvit, MD, (aka Doctor Jazz), "I didn't think there was any old-time alumni left who would care to consider remembering the days at Belmont. I was in the last group of primary MGH residents who rotated through in 1967. I would like to know who is left in that group."

1974

Steve Gerson, MD, is currently medical director of Beacon Health Strategies in Woburn, Mass. He also maintains a consulting practice focusing on occupational psychiatry and psychiatric disability adjudication. On a personal level, daughter Meredith is engaged, wedding set for Oct. 11, 2004 on Cape Cod. Amy Gerson, PhD, continues clinical practice of psychology from her office in Lexington Center, Mass.

1983

Mohan Nair, MD, graduated from the child fellowship program in 1983 and practices in Los Angeles, and co-chaired the American Society for Adolescent Psychiatry meeting in March 2004 at the Omni Hotel in LA.

1984

Ruth Richards, MD, PhD, writes, "My primary work at this time is as a professor of psychology with Saybrook, an alternative graduate school and research institute in San Francisco, giving MA and PhD degrees in psychology and human science, while continuing research and writing on issues of creativity and health, as I've done for quite a few years now. I continue affiliations with McLean Hospital and with the University of California, San Francisco. My research has included past work on issues of 'everyday creativity' and bipolar disorders and schizophrenia (where family history and personal history can both be relevant), and I collaborate with Dennis Kinney, PhD, at McLean. I have also been on the Executive Advisory Board for Academic Press's Encyclopedia of Creativity (1999) and co-edited a book for Ablex/Greenwood Publications called *Eminent Creativity, Everyday Creativity, and Health* (1997, hardbound, 1998, paperback.)"

1985

Steve Adelman, MD, has served as director of Behavioral Health ("aka Mental Health Psychiatry") at Harvard Vanguard Medical Associates (previously known as Harvard Community Health Plan). "Our 30 psychiatrists and 80 other mental health professionals provide outpatient care to some 30,000 patients in 114 sites throughout Greater Boston. I'd be happy to hear from any McLean alumni: DrSteve@post.Harvard.edu."

1988

Gudarz Davar, MD, would like to "share our recent discovery of a new receptor-operated, analgesic pathway in skin, which was published in advance on-line (June 29, 2003) in *Nature Medicine* (Khodorova et al., "Endothelin-B receptor activation triggers an endogenous analgesic cascade at sites of peripheral injury"). We were also featured on the August cover."

1990

Elizabeth Steinhauer, MD, writes about her professional and personal information since residency: "After residency at McLean, I did a PGY5 year at Yale-New Haven Hospital with J. Craig Nelson and worked part-time at the Student Health Service's Department of Mental Hygiene seeing Yale students. This segued into my first faculty job as a staff psychiatrist at Yale's Student Health Service from 1992 to 1994. In 1994, I became staff psychiatrist at the University's Student Counseling and Resource Service. I am an assistant professor in the medical school, where I devise psychiatry electives to teach about psychiatric disorders using biographies, memoirs, letters and novels, to ensure that the medical students (and I!!!) have time to read literature. I work half-time, enabling me to be with my kids (Rebecca, 12, is entering 7th grade; Benjamin, 7, is entering 2nd grade) when they are not in school."

1991

Eliza Menninger, MD, continues at McLean Hospital working in the partial hospital program. She is secretary of the American Psychiatric Foundation Board of Directors, participates on the Harvard Medical School Admissions Committee and in her spare time, hounds son Bill (13) and daughter Kate (8) about their homework. She sees Andy Stoll and Pierre Mayer around the McLean Hospital campus and connected with David Stormberg at a medical meeting a year ago.

1993

Terry Rabinowitz, MD, was married in 1995 to Kathy Murphy, PhD, RN, who works as a senior research associate at the Hebrew Rehabilitation Center for Aged in Boston. Terry earned a 2002 Profiles of Courage Award from the APA. He writes, "I began a psycho-oncology service at our hospital in May 2003 and have been performing telepsychiatry consultations (to Alice Hyde Medical Center, a small community hospital in upstate NY) since December 2002. Warm regards!"

1994

Judy Badner, MD, writes, "I am currently living in Chicago and am an assistant professor at the University of Chicago in the Department of Psychiatry. My work is divided between research in statistical genetics, including the identification of genes for psychiatric disorders and clinical psychiatry."

1995

Elizabeth Weinberg, MD, graduated from psychoanalytic training at the Houston-Galveston Psychoanalytic Institute in April 2001. Elizabeth writes, "I half-time at Baylor College of Medicine in Houston where I have designed and am medical director for a day program for borderline patients at Ben Taub General Hospital, our local public hospital. I also have a half-time private practice in psychotherapy and psychoanalysis. Paul (my husband) is a staff attorney at Houston Volunteer Lawyers, an organization that administers pro bono legal work in the Houston area."

1996

Brent Forester, MD, returned to McLean in September 2002 after a "fun six years" at Dartmouth where he completed a fellowship in geriatric psychiatry. "Following this, I served as clinical director of geriatric psychiatry at the Mental Health Center of Greater Manchester (where for two years I was fortunate to work alongside my residency colleague, **Ashok Bharucha, MD**, who is now at the University of Pittsburgh). It's good to be back at McLean where I am medical director of the Dementia Special Care unit and working on clinical research in late-life affective disorders. Kim and I, our two children, Ryan (5) and Sasha (2), and, of course, our two Bernese Mountain dogs live in Sudbury, Mass."

1997

Ayelet Barkai, MD, writes, "After finishing my adult psychiatry training at McLean Hospital, I did a two-year fellowship in child and adolescent psychiatry at Cambridge Health Alliance. I have since worked at the Somerville Hospital Adolescent Unit and The Home for Little Wanderers as a program psychiatrist. I am still involved in resident education at the Cambridge Health Alliance in the child and adolescent psychiatry program. I am going to start a position at The Human Relations Service in Wellesley as a child and adolescent psychiatrist in September. I currently have a private practice in child, adolescent and adult psychiatry near Coolidge Corner in Brookline. I have just finished my first year in psychoanalytic training at the Psychoanalytic Institute of New England, East. My email address is ayelet_barkai@hms.harvard.edu."

1998

David L. Nathan, MD, has been engaged in full-time private practice in Princeton, NJ. "For a while I was also serving as our community's C-L psychiatrist ('til I got too busy with the practice). I run the psychiatry department's CME committee and in this capacity, I would love to hear from anyone who might be able to visit Princeton to deliver our Grand Rounds. Seems like half of McLean has already been here and I'm waiting for the rest of you to come (this means you, Monty). I'm also on the ethics committee and the medical advisory board for the local hospital-affiliated "Fitness and Wellness Center." On the personal side, Karen and I had a little boy Eli, three years old, who depends on his daddy the "sykytiss" for ice cream truck money. Hello to all our McLean buddies... I remember my residency years most fondly."

2000

Michael Detke, MD, took a job with Eli Lilly in Indianapolis and reports that he has been working on phase II/III research for the antidepressant, duloxetine HCl, which should come onto the market in several months. Mike writes, "It's been an excellent education in all of the wide array of issues that affect the creation of a new drug for mental illness; but at the same time, an opportunity to do a lot of high-quality research on a focused topic. I've presented some of the data at McLean Grand Rounds on two occasions since leaving, which has been fun (although a bit intimidating). I'd be happy to be a resource for folks who are thinking about careers in the pharmaceutical industry or have other questions about it."

2002

Lisa Price, MD, is currently practicing adult, child and adolescent and forensic psychiatry in Concord, Mass., and is always interested in hearing from classmates and colleagues.

David Rettew, MD, is now an assistant professor at the University of Vermont College of Medicine and director of the Pediatric Psychopharmacology Clinic at Fletcher Allen Health Care. David writes, "I came here on a Physician Scientist Award from the College of Medicine and spend most of my time doing research on the interaction of temperament and personality factors on child psychopathology. I'm happy to report that I just received a fundable score on an K08 grant application that should hopefully keep me going on this for another five years, studying populations both in Vermont and in the Netherlands (twins). On the personal front, Jennifer and I have two sons: Jackson, who is 3, and Craig, who is 1."

APA RECEPTIONS HONOR FRAZIER AND COLE; SHOWCASE MCLEAN RESEARCH

McLean honored pioneers in psychiatry Shervert Frazier, MD, and Jonathan Cole, MD, at the annual meeting of the American Psychiatric Association (APA) on May 18, 2003 at the San Francisco Marriott. More than 100 attendees from all over the country, including many residency program alumni, attended the reception. Alumni from the 1970s, 1980s, 1990s and the current decade met each other and reminisced with the honorees about their training years at McLean. Paul Barreira, MD, director of Medical Education, made gracious opening remarks on behalf of Bruce Cohen, MD, PhD, McLean's president and psychiatrist in chief, who was unable to attend. Drs. Cole and Frazier were recognized for their vision, brilliance and tireless commitment to the mission of McLean. Dr. Cole thanked everyone for attending and expressed appreciation for all the years he has had the opportunity to teach at McLean. Dr. Frazier acknowledged Dr. Cole's outstanding contributions and recalled the many fruitful years of collaboration the two have shared. The influence of these individuals on several generations of psychiatrists was obvious at the reception. Drs. Cole and Frazier were received warmly by the most senior, as well as the most junior, colleagues in the field. Alumni will be pleased to learn that both doctors are still actively teaching students, mentoring residents and caring for patients at McLean Hospital.

A second APA-related reception was held on October 29, 2003 at McLean's Belmont campus.

Approximately 120 attendees of the annual Institute on Psychiatric Services, held last year in Boston, were bussed from Copley Square to Belmont and treated to a buffet and wine reception, as well as tours of the Neuroimaging Center and Brain Bank. Several alumni took the opportunity to revisit McLean and to learn about current programs and research initiatives. Staff from each McLean program were present to provide information. Dr. Cohen acknowledged the strides McLean has made in recent years in research and clinical programs. He also made special note of the contributions of Anne Whitman, PhD, president of the Jonathan O. Cole Resource Center, an innovative mental health consumer-run organization, and of Kathy Sanders, MD, director of the MGH/McLean Adult Psychiatry Residency Training Program. The reception was extremely well-received and appreciation was voiced by attendees who stopped by the McLean booth at the APA exhibit hall over the next few days of the conference.



Pictured here: Dr. Shervert Frazier (top) and Dr. Jonathan Cole (bottom).